

# Laboratory Close-out Checklist

Laboratories to be closed out (Buildings & Rooms): \_\_\_\_\_

<u>Hazardous Material/Procedure</u>	<u>Date Completed or N/A</u>
<b>Shared Storage Areas</b>	
Check all shared storage areas for hazardous materials and remove them.	_____
Clean laboratory surfaces, insides of cabinets and drawers.	_____
Clean refrigerators/freezers.	_____
Clean incubators, ovens, centrifuges and all other equipment.	_____
Clean or decontaminate equipment to be left in place.	_____
<b>Chemicals</b>	
Evaluate all chemicals and label all containers.	_____
Beakers, flasks, etc. should be emptied	_____
Sample vials packaged together	_____
Chemically contaminated labware	_____
Empty containers	_____
Unknowns have been identified	_____
Offer useable materials for redistribution	_____
Submit chemical waste for removal by DEHS's chemical waste division.	_____
Confirm that hazardous waste has been removed.	_____
Transfer responsibility for remaining chemicals to: _____	_____
<b>Controlled Substances</b>	
Submit a completed Controlled Substance Disposal Form to the DEHS's chemical waste division.	_____
Contact U.S. Drug Enforcement Agency regarding permit status.	_____
<b>Gas Cylinders</b>	
Return to supplier. For non-returnable cylinders, submit a request for pickup in Chematix	_____
<b>Animal and Human Tissue</b>	
Dispose of tissue. Method: _____	_____
Dispose of preservative. Method: _____	_____
Transfer responsibility for remaining samples to: _____	_____
<b>Microorganisms/Cultures Recombinant DNA</b>	
Dispose of biohazardous waste appropriately.	_____
Decontaminate equipment used for biohazardous work	_____
Professionally decontaminate the Biosafety cabinet	_____

Toxins of Biological Origin

Method of disposal: \_\_\_\_\_

Transfer responsibility for remaining samples to: \_\_\_\_\_

**Radioactive Materials**

Package all radioactive materials for [disposal and arrange pickup](#). \_\_\_\_\_

Transfer responsibility of remaining stockvials to [check with DEHS's radiation protection division (RPD) first]: \_\_\_\_\_

Perform contamination survey, and resurvey, if necessary. \_\_\_\_\_

Schedule closeout survey by RPD. Date of survey: \_\_\_\_\_

**Mixed Hazards**

Identify and dispose of mixed hazards appropriately. Call DEHS with questions. \_\_\_\_\_

**Department Sign-off**

*By signing, I verify that I have checked all spaces in the facility space mentioned above for hazardous materials.*

Researcher Signature \_\_\_\_\_ Date \_\_\_\_\_

DSO/Department Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

